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ABSTRACT

This document describes Illinois' Community Care Program (CCP), a program which provides chore housekeeping, homemaker, and adult day care services to older persons who cannot perform some tasks basic of everyday life without assistance, in order to help them live independently. Case management, information and referral, and nursing home prescreening services also provided by CCP are described. Key events in the history of CCP are listed. Recent initiatives addressing service quality and expansion are discussed including a quality assurance program, emphasis on training, case management standards, CCP rules, demonstration projects testing new services, a review of assistance to Alzheimer's disease victims, demonstration projects in home health and skilled nursing care, and a senior companion program. A directory of planning and service areas in Illinois is included. Comments by older adults served by the program and a short vignette are included. (ABL)

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Helping Older People to Live Independently

THE ILLINOIS DEPARTMENT ON AGING'S COMMUNITY CARE PROGRAM

CG 020527

Annual Report to the Governor and the Illinois General Assembly
on Public Act 81-202
Fiscal Year 1987

James R. Thompson, Governor
State of Illinois

Janet S. Otwell, Director
Illinois Department on Aging

STATE OF ILLINOIS
DEPARTMENT ON AGING
421 EAST CAPITOL AVENUE
SPRINGFIELD 62701

JANET S. OTWELL
DIRECTOR

September 18, 1987

The Honorable James R. Thompson
Governor, State of Illinois
and
Members of the General Assembly
State House
Springfield, Illinois 62706

Dear Governor Thompson and Members of the General Assembly:

I am pleased to provide you with the Fiscal Year 1987 Community Care Program Annual Report. The Program enables approximately 25,000 frail elderly persons to continue to live in their own homes.

Fiscal Year 1987 was highlighted by continued growth in the Department's pilot projects in home health and companion care as well as expansion of Department efforts to provide better services to Alzheimer's victims and their families. The Department also received a new three year Medicaid Waiver allowing Illinois to receive Federal reimbursement for serving Medicaid eligible clients. Continued emphasis on quality services was evident in statewide implementation of the Quality Assurance Program.

We believe that the Community Care Program is vital to maintaining the independence of the older persons it serves. Thank you for making the program possible and for the opportunity to share this report with you.

Sincerely,

Janet S. Otwell

Janet S. Otwell
Director

JSO:lw

The Community Care Program

. . . Helping Older People to Live Independently

Because independence is a way of life for most all of us, we forget how much we appreciate its rewards. We forget, that is, until someone or something threatens to take our freedom away from us.

After talking with older people who are at risk of going into a nursing home, it all becomes very clear. Being able to maintain one's independence should never be taken for granted. It's the basis for dignity and hope, and it's worth every ounce of courage and strength that one can muster.

Those people who receive help through the Department on Aging's Community Care Program know all about this. They are battling everything from arthritis, heart disease, and paralysis to diabetes, cancer and osteoporosis. Many have lost a spouse; all have lost close family and friends, and all have suffered loneliness.

Though their battles are tough and they do not always win, they are winning the battle that counts most. With a little help and a few adjustments, they are able to continue sleeping in their own beds. They are proud that they can do things on their own, and they are determined to live life to its fullest, in spite of the odds they face.

NOTE: The above is an excerpt from "Profiles in Courage," an article by Jan Costello, Public Information Officer for the Illinois Department on Aging. The quotes highlighted on the following pages were also taken from that article – and represent actual statements by Community Care clients.

What is the Community Care Program?

Core Services

- chore housekeeping
- homemaker
- adult day care

The Community Care Program (CCP) serves older persons who, without assistance, cannot perform some tasks basic to everyday life. To a less impaired person, tasks such as grocery shopping, washing hair, paying bills or going in and out of the house may seem simple. But to the over 25,000 individuals 60 years of age and older served through the program, the assistance they receive from the chore housekeeping, homemaker, and adult day care services makes a difference. Without this assistance, they face the very real possibility of having to leave their homes and to reside in a nursing home. Currently, the CCP offers chore housekeeping, homemaker and adult day care services.

"It's okay to get help if you really need it, but we still believe in being as independent as possible."

A client who is unable to perform some basic tasks, but can supervise someone to assist her, is best served by chore/housekeeping. Chore workers perform household tasks such as cleaning the kitchen floor or bathroom, preparing meals or washing laundry.

Homemakers serve a more impaired clientele and are involved with personal care – grooming or bathing and more complex household tasks – such as meal planning and household management.

Adult day care services offer clients who cannot be left alone the opportunity to interact with other older people in a supervised setting. Activities such as games, current events classes, and music are provided to offer the participant a full day. Additionally, adult day care can serve the needs of the participant's family who may need respite from caring for the older person or whose work obligations require that the older family member receive supervision through day care. CCP clients, depending on their needs, can receive one, two or all three of the services. In each circumstance, the CCP meets a need that would otherwise go unmet and hence place the client at risk of unnecessary institutionalization.

Their stories are heartwarming and genuine. The heroism they exhibit is a lesson to us all.

A Profile in Courage

Helen, age 91, is just over 100 pounds and is barely five feet tall. Her husband passed away a few years ago, and now she and her dog live alone in a small farming community. She'll tell you that she wants to be as independent as possible because she doesn't want to be a burden to her kids, both of whom are in their 60s.

She readily admits her health problems, though – she has pernicious anemia, troubles with her sacroiliac and impaired vision, to name a few.

Helen and her family learned of the services available through the Community Care Program from a Case Coordination Unit, a community-based agency which manages the intake and provides case management for the Community Care Program. A case manager assessed Helen, evaluated her financial situation and determined her eligible for services.

Now a homemaker cleans and dusts for Helen each week, and helps her with bathing and washing her hair.

"I can't do tatting anymore – it's a lost art, you know – and I have to read with a magnifying glass. Even though I can't get out as much as I used to, I can still play the piano – I've always played by ear, and I listen to the radio and TV. My dog and I miss my husband, but we have to get along. The secret is to keep busy."

"It's hard not being on the go all the time, but I won't give up. I can't stand it when people give up."

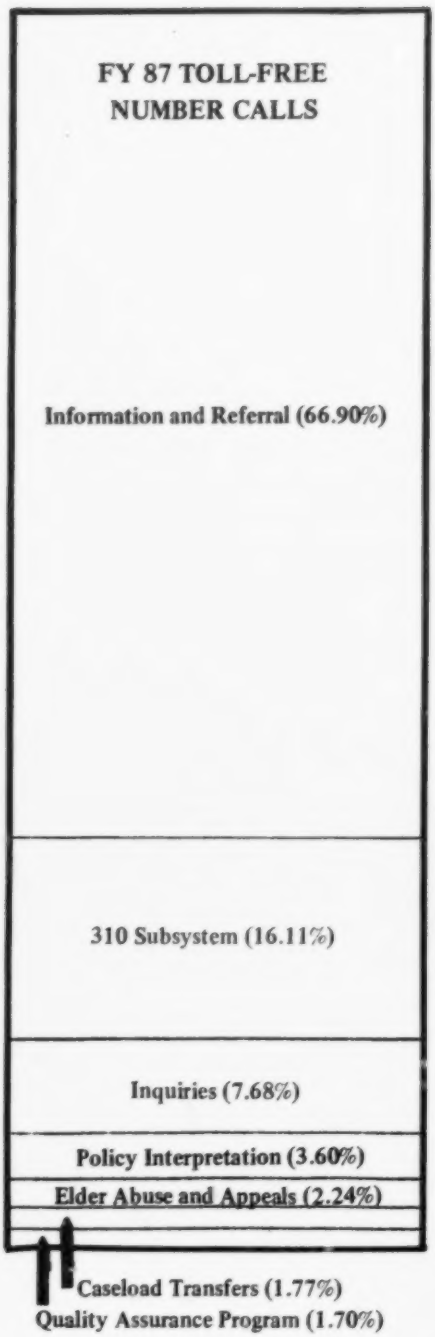
What other Services Support the Community Care Program?

Other Services

- Case Management
- Toll-Free Information and Referral
- Nursing Home Prescreening

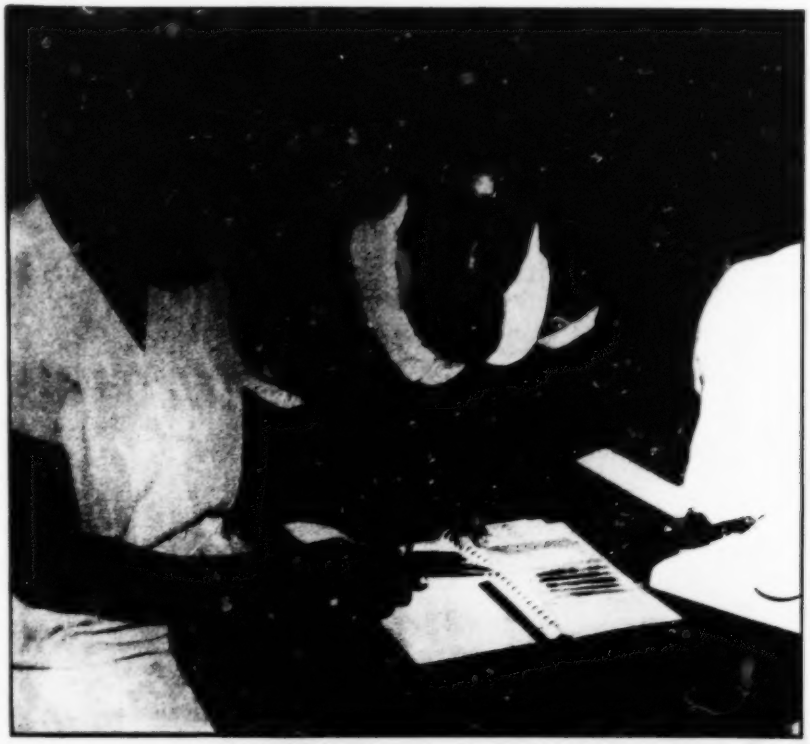
Case Management

Case Coordination Units (CCUs), community-based agencies, are intake points (or gateways) for help for frail older persons. They receive CCP applications and develop comprehensive service plans for eligible clients. Case managers are aware of the individual's need for assistance and link the individuals to the appropriate services. Case managers monitor service delivery to individual clients and conduct annual assessments to assure that the client's service plan accurately reflects changes in the client's condition. There are 60 CCUs in Illinois.



The Toll-Free Number can be a Lifeline . .

The 800 Unit operates a centralized toll-free telephone number to provide information about local services – such as Case Coordination Units, home-delivered meals programs and transportation – and refers the caller to the appropriate agency for assistance. The 800 Unit staff responds to inquiries from CCP clients, service providers, Area Agencies on Aging and other state agencies. The number and types of calls handled by the Unit are closely monitored. On an average day, staff can handle an elder abuse call, direct a distraught daughter to a CCU for help for her mother and answer policy questions. Through the activities of the 800 Unit, the Department has a keen awareness of the impact its programs and policies have statewide.

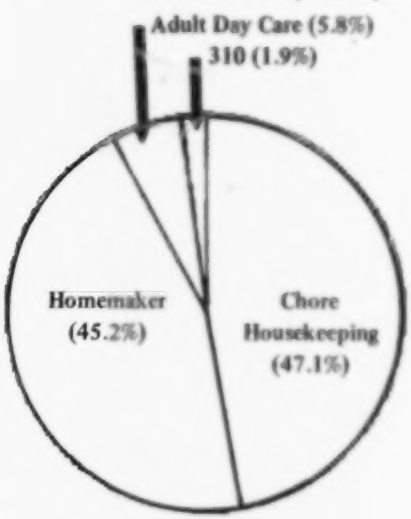


"My worker is really good for me. She comes three days a week and helps with my bath and hair and all those other chores . . . we're buddies."

Nursing Home Prescreening

As a part of its function, the CCU serves as the "gatekeeper" for community-based assistance and nursing home care. Through the nursing home prescreening process, nursing home applicants are assessed by case managers or hospital personnel prior to nursing home entry. The prescreening process assures that, before nursing home entry, clients are aware of home care as a possible alternative. During 1987, over 2,700 individuals were diverted from nursing home placement through the prescreening process and approximately 90% of these individuals were **linked** to CCP services.

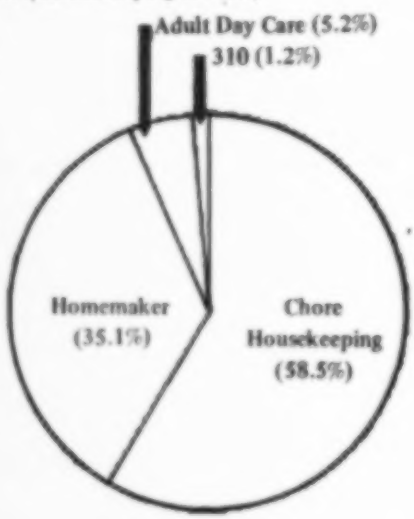
FY 87 Expenditures by Service*



*excludes expenditures for demonstration projects.

FY 87 Caseload by Service*

(310 is a subsystem of the Chore/Housekeeping service.)



*excludes clients in demonstration projects.

The History of the Community Care Program

In June, 1979, the program was transferred to IDoA. Since 1979, the Community Care Program has evolved from a program serving approximately 3,600 clients to a program serving approximately 25,000 clients. Events over the last seven years have transformed the program into one of the largest and most comprehensive in-home services programs in the nation.

Key Events in the Evolution of the CCP

July, 1981 The demand for CCP services exceeded the amount of available service dollars. A waiting list of nearly 4,000 applicants developed.

June, 1982 A U.S. District Court Order, Benson vs Blaser, ruled that individuals applying for the CCP were entitled to be determined eligible and served in a timely manner. The order transformed the CCP into an entitlement program.

June, 1983 Illinois received approval for a limited Medicaid Waiver. The Waiver allowed Illinois to claim reimbursement for a portion of the costs of serving Medicaid eligible clients in the Community Care program.

Case Coordination Units (CCUs) were developed statewide as the intake point for the CCP. CCUs conduct needs assessments, eligibility determination and authorization for CCP services. Nursing home prescreening (NHP) began as a service to inform clients and their families of care alternatives for the impaired older person prior to nursing home placement.

September, 1986 Illinois received approval for a new Medicaid Waiver for an additional three years (October 1, 1986 – September 30, 1989).

"Day care is a wonderful program. I have many friends there. We are all getting older and need some kind of help."

Special Initiatives

The Department continues to explore ways to improve the CCP. In FY 87, several Department initiatives addressed service quality and expansion.

Commitment to High Quality Service

Quality Assurance Program

In FY 87 the Department implemented the first phase of the Quality Assurance Program which originated through the cooperative efforts of the Governor's Contracting Task Force and IDoA in FY 86. Additional phases will follow over the course of the next four and one-half years with full implementation before the end of 1992.

"I believe in being independent, and I'll be that way until I die."

The first phase focused on the annual compliance monitoring of 100% of the Community Care provider agencies. All non-compliance findings resulting from this activity were recorded, and those agencies which were found to be non-compliant were placed "on-notice" and required to take corrective action on all violations.

Department staff visited local agencies to provide assistance in implementing program requirements and resolving discrepancies. Staff conducted 239 such visits in FY 87. Staff also conducted unannounced visits to over one-third of the agencies providing CCP services.

The Quality Assurance Program will continue in FY 88 with further expansion and refinement. Planned activities include a new Request for Proposal (RFP) cycle and contracting period, continued compliance monitoring with performance sanctions, revised processes as necessary, and adult day care and in-home care fixed rates.

Emphasis on Training

An emphasis on increased field presence and comprehensive training characterized FY 87. Area Agency staff, case managers, service providers and other aging professionals were trained extensively on care planning, assessment, nursing home prescreening and CCP rules, policies and procedures. A total of 39 training sessions were provided at several locations around the state.

Case Management Standards

As Case Coordination Units approach their fifth year of operation, both Department and Area Agencies on Aging are concerned with developing case management standards. The standardization of caseload sizes and the qualifications of case managers are key areas to be examined, and it is expected that standards will be issued in the forthcoming year.

"It's just good that there are programs to help people stay at home."

CCP Rules

The rules governing the CCP are also being revised in order to assure that they promote the highest level of service quality. The revised rules will reflect the addition of new services, changes in the contracting process and an increase in the training requirements for direct service workers. This emphasis on quality reinforces the Department's commitment to the seniors served through the CCP.

Demonstration Projects

The older individuals served through the CCP have a variety of needs. The Department attempts to **identify** and **respond** to the dynamic needs of the elderly population by testing new services on a demonstration basis and by participating in research. Some of the most critical needs of older individuals in this state include:

- special programming for victims of Alzheimer's Disease
- skilled nursing and home health care
- companion and supervision services

Alzheimer's Disease

Since the General Assembly passed a package of legislation in 1985, the Department has initiated several activities to assist older individuals who suffer from Alzheimer's disease and related disorders and their families. Among these were the formation of a Department-level Task Force to review programs and services for Alzheimer's victims; establishment of a statewide conference where researchers, practitioners and family members are able to share and discuss the latest medical and program developments; demonstration grants for adult day care programs to develop activities and to conduct assessments designed to better serve the Alzheimer's population; and special training and instruction manuals for adult day care center programming.

Efforts continued during FY 87 as the Department provided special training sessions for adult day care programs and CCUs and implemented a field reporting system to study Alzheimer's clients receiving CCP services. Special adult day care reimbursement rates were also developed to account for the intense service needs of Alzheimer's victims. These rates will become effective during FY 88. The Department sponsored the second statewide conference and developed a plan to train CCP homemaker and chore/housekeeping providers in meeting service needs of Alzheimer's victims.

"There are some things I can't do, but I do more than you would think . . . It's just the way I am."

Home Health and Skilled Nursing Care

The Department has operated demonstration projects offering skilled nursing and home health aide services to CCP clients since FY 85. In FY 87 eight demonstration projects were added to the program bringing the total number of sites to twelve. The Department continues to monitor the progress of the projects and to evaluate the possibility of incorporating home health services into the CCP statewide.

Data indicate that 421 persons have received home health services since the demonstration program's inception and that these persons represent a vulnerable elderly population. Generally, home health recipients are highly impaired and 75% are women. The majority (70%) of home health clients are 75 years of age or older.

The Department continues to fund demonstration projects in FY 88. Much of the FY 88 activities are directed toward a thorough analysis of home health clients and the services they receive.

Senior Companion Program

Many of the clients served through the CCP have limited contact with the outside world due to mental confusion or physical impairment. The Department recognized the need for socialization and supervision and funded five additional senior companion Program sites in FY 87 for a total of seven. In addition to Belleville and Suburban Cook County, senior companion services are available in the Rock Falls, Joliet, Decatur, Bloomington and Hurst areas.

"Independence" — it's one word that's truly sacred to all of us.

Low income well seniors are recruited, trained and paid stipends to visit and provide companionship to CCP clients. The program serves both groups of older persons. The senior companion can earn extra money, and the CCP client is less isolated. Both individuals have the opportunity to relate to a person of their own generation.

During FY 87, 164 persons received senior companion services through the demonstration project. Over 85% were women, and nearly 75% were 75 years of age or older.

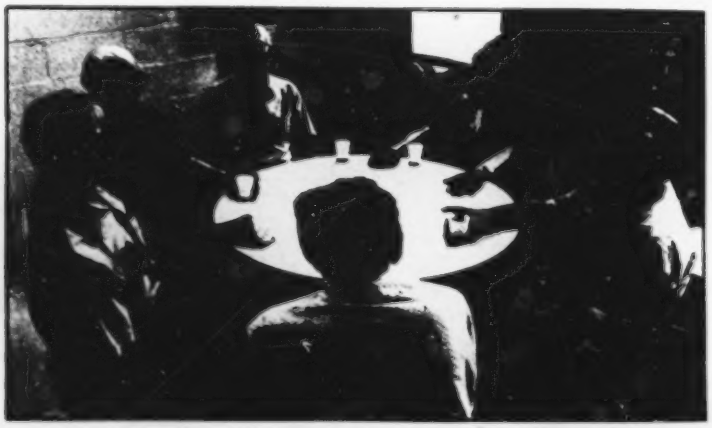
The Year Ahead

FY 88 promises to be a challenging year in the Illinois Aging Network. The changes proposed by the Department related to improved service quality, and the new services offered through the demonstration projects will make FY 88 yet another year of change and growth.

Who is Eligible for CCP Services?

- **Age 60 Plus**
- **U.S. Citizen**
- **Non-Exempt Assets of $10,000 or Less** (Non-exempt does not include home, car or personal furnishings.)
- **Resident of Illinois**
- **Assessed Need for Long Term Care**

To apply for CCP services, contact the Department on Aging's toll-free number, 1-800-252-8966, for the name of the CCU in your area.



Directory of Planning and Service Areas in Illinois

1. Northwestern Illinois Area Agency on Aging
   Janet B. Ellis, Executive Director
   4223 East State Street, Eastmoor Building
   Rockford, Illinois 61108
   815/226-4901

2. Region Two Area Agency on Aging
   Charles D. Johnson, Executive Director
   Street Address:
   Kankakee Community College
   River Road, West Campus — Building 5
   Mailing Address:
   P.O. Box 809
   Kankakee, Illinois 60901
   815/939-0727
   Field Office:
   Building No. 6, Unit 39
   245 West Roosevelt Road
   West Chicago, Illinois 60185
   312/293-5990
   800-528-2000

3. Western Illinois Area Agency on Aging, Inc.
   Greta Brooks, Director
   729 34th Avenue
   Rock Island, Illinois 61201
   309/793-6800, 800/322-1051

4. Central Illinois Agency on Aging, Inc.
   Barbara A. Miller, Executive Director
   700 Hamilton Boulevard
   Peoria, Illinois 61603
   309/674-2071

5. East Central Illinois Area Agency on Aging, Inc.
   Mrs. Phyllis H. Pinkerton, Director
   1003 Maple Hill Road
   Route 12, Box 46
   Bloomington, Illinois 61701
   309/829-2065
   Information and Referral No. 800/322-0484

6. West Central Illinois Area Agency on Aging
   Lynn Niewohner, Director
   Street Address:
   1125 Hampshire Street
   Quincy, Illinois 62301
   Mailing Address:
   P.O. Box 428
   Quincy, Illinois 62306
   217/223-7904
   Information and Referral No. 217/224-3535

7. Project LIFE Area Agency on Aging, Inc.
   Dorothy S. Kimball, Executive Director
   2815 West Washington, Suite 220
   Springfield, Illinois 62702
   217/787-9234
   Information and Referral Number:
   800/252-2918

8. Southwestern Illinois Area Agency on Aging
   Dr. William R. Keel, Executive Director
   Fairview Executive Plaza, Suite 225
   333 Salem Place
   Fairview Heights, Illinois 62208
   618/632-1323
   Information and Referral Number:
   800-642-3859

9. Midland Area Agency on Aging
   Deborah Kuiken, Director
   P. O. Box 1420
   Centralia, Illinois 62801
   618/532-1853
   Information and Referral Number:
   618/548-5400

10. Southeastern Illinois Area Agency on Aging, Inc.
    Harold Morris, Director
    302 Market Street
    Mt. Carmel, Illinois 62863
    618/262-8001

11. Egyptian Area Agency on Aging, Inc.
    George Zveringham, Director
    108 South Division Street
    Carterville, Illinois 62918
    618/985-8311

12. Chicago Department on Aging and Disability
    Robert Ahrens, Commissioner
    510 North Peshtigo Court
    Chicago, Illinois 60611
    312/744-4016 (VOICE)
    312/744-6777 (TDD)

13. Suburban Cook County Area Agency on Aging
    Jonathan Lavin, Executive Director
    600 West Jackson, Suite 700
    Chicago, Illinois 60606
    312/559-0616

9/1/87

The Illinois Department on Aging

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